

| Name: |
|---|
| Cell #: |
| Email Address: |
| Address: |
| |
| Ward: |
| Do way a sharel 2 - Y/N |
| Do you own a shovel? Y/N |
| Are you willing to shovel in Wards other than your own? Y/N |
| If so, which wards? |
| Are you available M-F during normal business hours (9am-5pm) in case of snow emergency? Y/N |